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OF

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Horace.

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Original Department.

I.

Observations on the Misrepresentations of British Writers in relation to American Medicine.

To exalt their national character by depreciating that of every other civilized people, has long been the policy of British writers. As if conscious of their want of claims to positive merit, they fly to that last resource of weakness, the boast of comparative excellence. Weak and unworthy of even themselves as this policy is, while it is confined to hireling presses, and to such works of fancy as an Englishman's travels, and such tissues of prejudice as a Scotchman's reviews, it is apt rather to raise a smile of contempt, than to excite serious feelings of indignation. In the language of the writer of the Sketch Book, " the tissue of misrepresentation attempted to be wove round us, are like cobwebs woven round the limbs of an infant giant."

When this policy invades the sacred avenues of science, and sacrifices the interests of truth itself at the shrine of national

prejudice and vanity, it becomes no longer harmless, and instead of being met by ridicule or contemptuous silence, deserves to be treated with the most severe recrimination, and the pretenders to science, who pursue it, to be exposed to the scorn and the indignation to which their ignorance or their falsehood so richly entitles them.

In the literary intercourse of medical brethren, be the countries in which they reside ever so remote, there appears to be the least provocation to the indulgence of such illiberal policy, and of the feelings which naturally flow from it. Not connected, as the members of other professions in most countries are, with the government or the politics of the state, physicians have the widest field opened for the cultivation of those magnanimous international feelings which devotion to the same pursuits is so admirably calculated to engender, and which habits formed and cherished by familiarity with the sciences are so likely to cement and render indissoluble.

It will be difficult, therefore, to find an apology for the spirit of intolerance and blind prejudice which dictated the following sentence :

" Our Transatlantic brethren have taken mortal offence at an expression which once fell from the Edinburgh Reviewers—' Who ever goes to an American play, or who ever reads an American novel ?' ' What does the world yet owe to American physicians and surgeons ?' The expression was a harsh one, savouring too much of nationality, and might certainly have been spared; but having been used, it cannot be denied to have had some foundation. We cannot, at this moment, call to mind any one leading principle in physiology or pathology, any one acknowledged improvement in surgery, or any one remedy of general efficacy, proposed by an American practitioner."

This extract is taken from the London Medical and Physical Journal for March 1824, edited by Roderick Macleod, M. D. and John Bacot, Esq. and must, in the opinion of every unprejudiced reader, render the writers obnoxious to the severest denunciation. Ignorance might, indeed, be pleaded in behalf of these Editors. It has been urged by another transatlantic editor, who, from interest, perhaps, is

more inclined than his countrymen to do us justice, that American works, including those of Rush, have not been circulated to any extent in England, and that the silence or ignorance of British writers with respect to our discoveries is *not* a studied one. Granting this to be the case, it serves merely to substitute for the former charge that of ignorance and neglect equally culpable and disgraceful in a man of science. But even from the advantages of this plea, humiliating as a resort to it must be, the present editors are excluded. Every number of their Journal is ushered before the public under the formal sanction of a quotation from our Rush, in which their work is recommended as one of the ablest of medical periodicals. Now it is scarcely to be supposed that the vanity of these sage editors has endowed them with such wonderful powers of appetency, as to enable them to single out this most happy passage in that great man's works, without their having had the labour of perusing another line in those works, or being in the least acquainted with their merits. To this power, we doubt, however, if they are very anxious to lay claims. What opinion is then to be formed of the candour and truth of men who unblushingly plume themselves on the approbation of a Rush, and yet affect to be ignorant of what has been done by American physicians?

To enter into a formal and elaborate refutation of the assertion made in the London Medical and Physical Journal, will not be expected in this place. In the Medical Recorder for October 1819 will be found a short account of the improvements in medicine and surgery which have taken place in this country during the last thirty years. And although it is a very partial statement, almost exclusively confined to a notice of the Philadelphia physicians, it is sufficiently ample at once to do away with the oft repeated slur upon our inactivity and our impotence. If to this be added the history of the efforts made in other parts of the country; efforts not less remarkable for zeal, talent, and success, than those made in Philadelphia, though not, perhaps, so vauntingly and ostentatiously cried

up for public notice, the result will be such as to reflect on those who decry American physicians the utmost disgrace.

It will be sufficient to notice certain improvements only, the importance of which the British have themselves admitted, by *attempting to rob us of the credit of their discovery.*

And first, in physiology: To whom is the world indebted for an exposition of the uses of the spleen? Mr. Thomas Hodgkin* has indeed claimed the peculiar theory of Dr. Rush, which considers this organ as "the waste gate" of the system, or a temporary reservoir, in order to preserve the system from destruction during the violent commotions which in fever, &c. take place in the circulation, as his own. But it is barely sufficient to compare the observations of this claimant with those of Rush to be convinced, at the first glance, that a more hardy attempt at literary piracy has never been practised in the medical world: nor is it possible to allow, with a reviewer in Chapman's Journal, that the coincidence may have been accidental. The writings of Rush are sufficiently well known in Great Britain, the assertions of her writers to the contrary notwithstanding, to render this plea at once absurd and ridiculous. Because, allowing for a moment that Mr. T. Hodgkin was ignorant of the writings of Rush, the same indulgence will scarcely be claimed for the Editors of the Journal, in which his theory was broached as a *new* one. This is after all a lame and sorry method of getting rid of the charge of plagiarism; and it is matter of regret that in one of the *few* attempts made in Dr. Chapman's Journal to vindicate the character of this country from the aspersions of the British, he should have seen fit to be so very sparing and lenient in his retort upon our calumniators.

Secondly, in pathology: Who first removed dropsies from the class cachexiæ, in which, to the detriment of rational and successful practice, they had so long been retained, and placed them among the disorders of the sanguiferous system? If

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* Edinburgh Med. and Surg. Journal for January 1822.

the editors of even so learned a Journal as the Edinburgh Medical and Surgical are to be believed, Dr. Blackall has the merit of having made this important improvement. But surely it cannot have been unknown to these men, that Rush had long before effected this very change, and by the sound and rational views with which he supported it, had enforced its propriety upon the minds of almost all the physicians in this country, and thereby rendered his opinions, no less than the practice naturally deducible from them, very prevalent both here and abroad. This is not, however, the only instance in which the claims of Dr. Rush have been passed over in silence or through affected ignorance: but the limits of this paper will not allow of any farther exposure of the tricks played off in this manner by British writers.

Thirdly, there is no one acknowledged improvement in surgery proposed by an American practitioner: To Dr. Dorsey's Surgery, it will be necessary to refer these sapient writers for pretty satisfactory information on this head. It would be insulting an American, we wish we could say a British reader, to allude even to the labours of Physick, Mott, Dorsey, Smith, Warren, and a host of other men, in support of the assertion that for originality of views, boldness and decision in practice, the American surgeons are inferior to none in the world.

The following extract from Dr. Beck's learned work on Medical Jurisprudence is added here by way of amusing the American reader, and withal throwing some light on the character of British pretensions. It is proper to state, and it is done with pleasure, that the same extract has been copied into the Edinburgh Medical and Surgical Journal for April 1824. "Dr. Physick of Philadelphia, published a paper in 1812, in which he mentions that he successfully applied the syringe to a child poisoned with laudanum, and Dr. Dorsey afterwards cured two individuals by the same treatment. That distinguished surgeon however subsequently states, that Dr. Alexander Monro, Secundus, first suggested the invention in 1797, although he (Dr. Physick) was ignorant of this fact when he applied it practically. I conceive Dr. Physick is en-

titled to *the honour of having been the first who saved life by its means.*"—Beck's Elements of Medical Jurisprudence, vol. ii. p. 254, *note.* The reader is aware of the great noise lately made in England by Jukes and Sir Astley Cooper in relation to this discovery. The editors of the Edinburgh Journal say, " A similar process had been tried by others (besides Sir A. Cooper) but without attracting much notice. As soon, however, as it passed through the hands of Sir Astley, it began to make a great noise."

Fourthly, there is no one remedy of general efficacy, proposed by an American. It must be confessed that this, above all the other falsehoods contained in the acknowledgment of ignorance by Roderick Macleod, M. D. and John Bacot, Esq, is calculated to exhibit their shame in the strongest light. A very tyro in medicine, of whatever country, would blush to make a similar confession. Are they so ignorant in Great Britain, as to suppose that we have not a Materia Medica of our own ? The mere recital of the articles of which it is composed would cause these convicts of ignorance to stare, and make them turn in amazement to their Genera plantorum. To notice these in detail would be superfluous. The medical botanies of our Bigelow and our Barton, the therapeutics of Chapman and of Eberle, our editions of the Dispensatories, and our Pharmacopœia, are proud monuments of the researches and practical labours of our physicians. They should be bought up by subscription and sent over to these men, that they may no longer labour under the delusion that information, talent, and research, are centred within their own contracted sphere.

It is useless, however, to enlarge on this theme, so full of triumph to us, and so disgraceful to British ignorance. There is, in fact, no branch of medical science which has not received attention and a large access of improvement from American physicians. Some few specimens of " what has been done" have already been given ; and the limits of this paper exclude any notice of the successful efforts made in this country to throw light on the causes and treatment of pestilential

diseases, to improve obstetrical practice, and to establish sound views with respect to medical jurisprudence. It would not be easy for the British to produce a work treating of the last named science, more especially, which, for extensive research, important information, and vigorous unaffected style, can compare with the Elements already quoted in this paper.

To conclude, lest it should be asked what has been the occasion which tempted Dr. Macleod and Mr. Bacot to this random attack upon the character of their *American brethren*, it may be proper to state that it was the review of Dr. Waterhouse's treatise on hooping-cough. This book has scarcely received any notice on this side of the Atlantic; and the only American review of it which has appeared, served sufficiently to show the lamentable fact, that age and decrepitude will make strange inroads upon the mind of man, and reduce him, after a life of usefulness and activity, to a state bordering on puerility. It is there anticipated that should the essay of Dr. W. fall into the hands of the invidious foreigner, it would prove too favourable an opportunity for the indulgence of sarcasm and ridicule to be passed over in silence: nor has the anticipation proved unfounded.

II.

Observations on the Small-pox and Chicken-pox, with some remarks on the true value of Vaccination as a preservative against the Small-pox.

The Small-pox, for a long period, formed one of the great outlets of human life. For several centuries, it has been calculated, that this disease swept off a fourteenth part of mankind, and a sixth part of those attacked by it. Nor were its ravages limited by either latitude or climate. It traversed the whole eastern continent, from the Cape of Good Hope to Lapland, from China to Great Britain. It crossed the Atlantic, not half a century after the discovery of America, and under the fostering influence of a nearly vertical sun, swept the pro-

vince of Mexico with a rapidity and mortality till then unheard of. It travelled more slowly toward the north, but still desolation marked its progress. It appeared in Boston, (Mass.) in 1649, from which period to 1752, it made eight distinct attacks. In 1738, it was imported from Africa to South Carolina, where its mortality was very great. Since the period first mentioned, it has appeared, at not very distant intervals, in all our large cities, which, serving as centres of contagion, have diffused it throughout the country.

The first check to its fatality, which this disease received in Europe, was from inoculation, which was introduced in England from the East, about the year 1722, and was soon after practised in this country. The introduction of vaccination, about 1798, forms another and more marked epoch in the history of this disease. Notwithstanding the ridicule and abuse with which the first attempts to introduce it were received, it made rapid progress, and at the end of a few years, no dogma in medicine was considered more firmly established than the unlimited power which the vaccine disease possessed, of preserving the system against the attacks of the small-pox. The foundations of this splendid theory have been gradually undermined by observation and experiment, and the whole fabric is slowly subsiding to the level which a just estimate of its importance allows. That, with all its imperfections, it is an invaluable discovery,* and that the benefits which the world has derived from it are very great, no one who is acquainted with the subject will be disposed to deny; but at the same time, a high admiration of its virtues ought not to blind us to its defects, nor a hasty belief in its perfectibility prevent our giving credit to the deficiencies which it possesses in common with every thing sublunary.

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* "Even under the very imperfect practice of vaccination, which has taken place in this metropolis, (London) 23,134 lives have been saved in the last fifteen years, according to the best computation that the data afford."—*A statement of facts tending to establish an estimate of the true value and present state of Vaccination.* By Sir Gilbert Blane, Bart. &c.

One of the oldest writers on small-pox, is the Arabian physician Avicenna, who described the disease with such minuteness and accuracy, as left little to be done by those who followed him. He recognised several varieties of the affection, and applied names to them, which hold good to this day. He also admitted the possibility of its second occurrence in the same individual.* More modern writers pointed out still farther varieties, so that in addition to the terms benign, malignant, horny, warty, &c. given us by the Arabians, we have the stone-pox, wind-pox, swine-pox, (the sheep-pox of the German physicians,) and the chicken-pox, all of which are probably varieties of what Sydenham has called bastard small-pox. This whole brotherhood have generally been supposed to have had one common origin, and although some variety is found in the individual features, a strong family resemblance still exists.

After the introduction of inoculation, the friends of this new method had a direct and obvious interest in endeavouring to establish a specific difference between small-pox and its most frequent modification, chicken-pox. The attempt was successful. The notion, first brought forward by Morton, gradually gained supporters, " vires acquirit eundo," till an end was put to discussion and inquiry by Heberden, who treats the assumption as an established fact. In this state it remained till again brought forward by professor Thompson of Edinburgh, who has written upon the subject with great ability.† One of the grounds which Dr. Thompson takes to prove that the chicken-pox is but a modification of variola,

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* We learn from Dr. Thompson's work on this subject, that the same fact was admitted by Ingrassias, Fracastorius, Fernelius, Amatus Lusitanus, Franciscus de Piedmont, Forestus, &c.; as also by Duncan Liddle, a Scotch Professor of Medicine, at Helmstadt, about the end of the sixteenth century. To which may be added Lister, Hagendorn, Beherus, Low, Isaac, Junker, Chesneau, and especially Zwinger.

† *Historical Sketch of the opinions entertained by medical men respecting the varieties and secondary occurrence of small-pox.* By John Thompson, M. D. F. R. S. &c.

is the never-failing concomitancy of the two diseases. "Notwithstanding," says he, "the prevalence of the opinion of the distinct nature of chicken-pox and small-pox, and the assertion so frequently repeated that these two diseases have been observed to prevail separately, there is no satisfactory proof to be found in our medical records of their ever having done so; but many proofs of the fact that all the varieties of the genuine, as well as of the spurious sorts of small-pox, have, in the same epidemics, come in and gone out together." Leaving the discussion of this point, and we have the opinion of a late writer in absolute contradiction to the quotation just made,* we cannot but acknowledge the strong resemblance between the chicken-pox and variola, occurring after vaccination, particularly in the mild cases. In consequence of this similarity, those who are strenuous in the defence of the completely preservative powers of the kine-pox are disposed to call, what we believe to be small-pox after vaccination, varicella, and in the confluent cases, they contend that the individual never has thoroughly undergone the process of vaccination. From these circumstances, it is plain, that the supporters of the preservative virtues of the cow-pox have as strong an interest in endeavouring to establish a specific difference between the varioloid disease and small-pox, as the friends of inoculation had nearly a century since in fixing the same difference between small-pox and varicella.

Amidst these conflicting opinions, so far as we can judge from the history of the disease elsewhere, and from an attentive observation of it during the last season in our own city, the truth seems to be this: The supporters of vaccination,

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* "I can assure you, sir, from an experience of thirty years practice, that I have frequently seen varicella prevailing as an epidemic, and not a case of small-pox known in the town or whole neighbouroood; that this was the case during the last winter and spring, and not a case of small-pox existed in Musselburgh."—*Letter to the Editor of the Edinburgh Med. and Surg. Journal*, "*On the present state of Vaccination.*" By Mr. Thomas Brown, Surgeon, Musselburgh. No. LVIII. Jan. 1819.

urged on by an enthusiasm arising from the brilliant prospect which they supposed offered, of exterminating a disease which had so long been the scourge of mankind, gave a character to vaccination, and attributed to it virtues, which closer observation and more extended experience have shown it does not possess. They went so far as to suppose it to furnish an absolute and complete immunity against the attacks of the small-pox; and happy would it have been for the world, had this philanthropic expectation been realised. Their sanguine hopes went farther than those of the first propagator of the disease, for Jenner early observed, "that the constitution loses its susceptibility to small-pox contagion, and its capability of producing the disease in its perfect and ordinary state, in proportion to the *degree of perfection* which the vaccine pustule has put on in its progress; and that the small-pox, if taken subsequently, is modified accordingly." Recent experience has forcibly exhibited the truth of this remark: it has even gone farther; it has shown that the occurrence of small-pox, modified by vaccination, is a rapidly increasing evil. As early as 1808, remarks were made by an English writer upon this subject; but at that period, to doubt the perfectibility of the kine-pock was a species of heresy: of course the facts brought in support of the remarks were discredited, and the observations themselves neglected.

This state of things could not exist a long time. As new facts accumulated, conjecture gave place to belief, and doubt became certainty. Numerous writers sprang up, all of whom agree in proclaiming the fallibility of vaccination, and some of them, with a boldness that indicates more ardour than judgment, have run into the opposite extreme, and have condemned the kine-pock, *in toto*.* Within the last eight years, modified small-pox has prevailed to a great extent in England and Scotland, it has appeared in France, in Holland, and

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* See Mr. Brown's Letter before quoted. Edin. Med. and Surg. Jour. No. LVIII.

Wirtemburgh. More recently, as is well known, it has been epidemic in Baltimore, Philadelphia, and in this city. The proofs of its identity with the European disease are so strong as not to require examination. The great distinguishing marks between the modification and the original disease are, that the former runs its course in a much shorter period, few of the pustules maturate, and the affection is attended with no secondary fever. In other particulars, they possess a strong resemblance, with this exception, however, that the varioloid rarely leaves other traces than a temporary discolouration of the skin.

With regard to vaccination, it must be acknowledged either that its virtues have been lessened by the lapse of time, or by repeated transmissions; or that the enthusiastic opinion formed of its worth soon after its discovery, is now giving way to a just estimate of its real value. In either case there is danger of our falling into the opposite extreme, and from an unlimited belief, fall into absolute skepticism with regard to its powers.

The following conclusions appear to us to be warranted by facts, and we believe are admitted by all writers upon the subject.

1. That vaccination possesses a controlling influence over the small-pox, so great as to have entirely eradicated it from some countries.*

2. That this influence does not, in all cases, extend so far as to furnish a perfect immunity against the attack of the small-pox.

3. That it modifies the disease so far as to deprive it of danger.†

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* This is the case in the island of Guernsey, the kingdom of Denmark, Austria, the circle of Rezat in Bavaria, &c.

† The few cases which have proved fatal, justly fall under the class of exceptions to the general rule.

REVIEW.

ART. I. *Essays on various Subjects of Medical Science.* By DAVID HOSACK, M. D. F. R. S. L. & E. Professor of the Theory and Practice of Physic and Clinical Medicine in the University of the State of New-York, &c. &c. Two vols. 8vo. pp. 380. 472. New-York. 1824.

IT has ever been the lot of those who have distinguished themselves as the leaders of important contentions, in the scientific, no less than in the political world, to be overwhelmed, on the one hand with the most extravagant panegyric, and on the other, with the most unqualified abuse and detraction. They become identified, in fact, with the merits of the cause for which they contend, and the epithets of approbation and of disapprobation appropriated to the latter are, by a natural transition, liberally bestowed on the former.

This has been in a remarkable degree exemplified in the case of the author, upon a notice of whose works we now propose to enter. Long known as the resolute defender of contagion, and the reviver of the almost exploded humoral pathology, doctrines, both of which have ever been unpopular with the profession in this country, he has been no less distinguished for the ability and zeal with which he has defended his peculiar opinions, than by the virulence with which he has been assailed by his opponents, and the warmth with which he has been eulogized by his friends. The appellation of "American Boerhaave" could scarcely satisfy the encomiastic ardour of the latter, while the rancour of the former was only to be appeased by heaping on its object accusations of ignorance, falsehood, and a host of faults alike dishonourable to his head and heart. Unbiassed ourselves by the prepossessions of the one, or the prejudices of the other, we shall, in forming our opinion of Dr. Hosack as an author, observe that impartial

course which, while it compels us, by a sense of justice, not to pass over in silence what we deem to be errors, gratifies us with frequent opportunities of bestowing our meed of praise on what all acknowledge to be excellences. Differing more especially from the learned author in some of those essential doctrines in the defence of which he has the most exerted himself, we are happy in being able to express our unfeigned admiration of the eminent practical skill which has illustrated his professional career, and which stamps with usefulness almost every page of his writings. And here, were we permitted to advise on so delicate a subject, we would recommend Dr. Hosack rather to rest his hopes of fame on a regular built system of the theory and practice of physic, than on the temporary character which he has acquired by the support of theories that must sooner or later melt away before the light of truth. Such a work, for which we think his talents and experience eminently qualify him, would not only be very popular with the profession, but secure to its author a lasting reputation.

The greater part of the essays contained in these two volumes have before appeared in various journals, appendices to works, or pamphlets, and this circumstance has been suggested as a serious objection to their republication in their present form. We must confess that we can see no force in this objection. Every author has an undoubted right to collect together his scattered productions and embody them, with a view to their more convenient preservation, in a distinct work; and Dr. Hosack in doing this has surely not acted without precedent. It appears to us a far more important inquiry, how far the essays thus preserved are in themselves valuable, and this inquiry we shall now commence.

The first volume opens with an Essay on Vision, which was read as early as 1794 before the Royal Society of London, and appeared in their Transactions of the same year. In this essay, the author was the first to advance the ingenious theory, which accounts for the power possessed by the eye of

adapting itself to the different distances of objects, by referring it to the combined action of the external muscles.

The next essay is entitled "Observations on the Surgery of the Ancients," in which the author vindicates their claims to many of the reputed discoveries and improvements of modern times.

This is followed by a "Sketch of the Origin and Progress of the Medical Schools of New-York and Philadelphia," to which we may hereafter have occasion to refer.

The fourth, fifth, sixth, and seventh essays contain biographical notices of Rush, Wistar, Tillary, and Williamson. The merits of these productions are well known to the profession, and need not be enlarged upon here. We must, however, take the liberty of observing, that with the sound views with which the author has enriched his general essays, there are occasionally too many common-places blended, and that inaccuracies of style, which may have been overlooked in the hurry of a first composition, ought to have been attended to and corrected before the present publication.

Passing over an inaugural address before the New-York Historical Society, and the Syllabus of a course of lectures on Botany, &c. we come to the author's observations on the laws of Contagion and on Medical Police. In these it is well known that Dr. Hosack has put forth his whole strength in defence of the contagiousness of yellow fever. How far he has been successful it is scarcely necessary for us to say. Repeated observation and accumulated experience have only served more and more to convince a vast majority of the medical world of the difficulties, which stand in the way of accounting for the origin and the spread of this formidable disease on the principle of contagion. At the same time we are free to admit that the arguments of the author are not only plausible, but require the most careful analysis of facts apparently favouring the doctrine of contagion, before they can be fairly met and overcome. Our limits will not permit us for the present to enter upon this task, but we shall avail

ourselves of the first opportunity of discussing this question, and more particularly in reference to Dr. Hosack's views.

We now approach with pleasure that part of our author's volumes which is devoted to practical medicine.

First. *Observations on Fever.* After some very just strictures on the local views of the animal economy entertained by the humoral pathologists under Boerhaave on the one hand, and the solidists under Cullen and Hoffman on the other, and likewise on the equally partial views of Brown, Beddoes, Clutterbuck, Rush, and Wilson, Dr. Hosack proceeds to state that, in his opinion, fever is a disease of the whole system; that it attacks the faculties of the mind no less than all the functions of the body, and presents itself alike in the circulating, the absorbing, and the excreting systems, and also in the fluids: and that it is therefore constituted by a concourse of symptoms, and these variously combined in the various forms of fever, according to the causes which produce it, and the condition of body in which it occurs. It will be readily perceived that this view is in the main the same with that entertained by Fordyce, whom Dr. Hosack unjustly, we think, classes with the authors above named. Fordyce commences his description of fever in the very words used by Dr. Hosack: "Fever is a disease of the whole system," &c.

We believe with Dr. H. that this enlarged view of the subject leads to the most extensive and just principles by which to regulate practice; but he should not have omitted to notice the occasional, nay the frequent occurrence of local inflammation, as a concomitant and effect in almost every form of fever. There are few constitutions in which, from the errors incident to the present luxurious mode of living, some one organ in the body is not predisposed to disease, and this, on the first approach of a general affection, such as we consider fever *essentially* to be, is always sure to suffer. It is the more necessary to keep this circumstance in view, because it involves important modifications in practice, and if properly understood, will readily account for the hasty adoption of the splendid errors of Broussais, Clutterbuck, &c.

The more especial object of Dr. Hosack is to call the attention of the profession to the diseased condition of the fluids that frequently takes place in fevers, although unnoticed by many modern practitioners. It is characterised "by a deranged state of the secretions and excretions, exhibiting themselves in an offensive breath, turbid urine, frothy and offensive discharges from the bowels, a foul sordes about the teeth and gums, discoloured lips, and a brown or black state of the tongue; and perhaps, added to these, a cadaverous and offensive smell of the whole body." Vol. II. p. 96.

This stage, it is well known, is also marked by a great debility of the vital powers, and derangement of the circulatory and nervous systems, and a hurried and irregular respiration, with great heat of body and dryness of the skin. The practice of our author will be approved of by every experienced practitioner.

"If the views we have taken be correct, after the indications which arise in the first stage of continued fever have been fulfilled, in the means of accomplishing which most physicians are agreed; after the necessary evacuation by the lancet and other depleting means have been made, which are frequently called for, both in the invasion and in the progress of fever; after the stomach and bowels have been cleansed, and due regard has been paid to the no less important function performed by the skin, our attention should next be given to the two following objects, and which (there) the practitioner should never lose sight of when the typhoid state of fever has actually arrived. 1st. To preserve the natural powers of the system, and carefully to guard against every further waste of the excitement. 2dly. By suitable antiseptic nourishment and other means, including external applications as well as internal remedies, to preserve the morbid fluids to which they constantly and rapidly tend in all fevers of continued type, especially in those arising from contagion, which in a peculiar manner depresses and exhausts the vital powers." Ibid.

On this passage we must claim the indulgence of a remark. The term *typhoid*, it appears to us, is used in a vague and in-

definite sense, as synonymous with advanced. This we conceive to be incorrect. We are, in fact, opposed somewhat to the term typhoid altogether ; but if used at all, it should imply a resemblance between the fever designated as typhoid, and typhus fever. Now as typhus has several stages, it is evident that the resemblance may apply to any one of them indiscriminately. This is not, however, the intention of the author in the passage quoted : he restricts it evidently to the last stage, in which stimulants alone are proper, while in the first stages of typhus it will not be denied they would be strongly contra-indicated.

The means recommended by Dr. Hosack for fulfilling the indications in this advanced stage are, first, the more powerful stimuli both diffusible and permanent. This practice our author observes, has been reprobated by many physicians as improper in this state of excitement, whatever may be the stage of the disease, owing to their want of discrimination between the simple excitement which occurs in the first stages and the complicated excitement which appears when the powers of life are greatly exhausted. We conceive the difference here alluded to, to be more apparent than real. When the stage of exhaustion is actually induced, and excitement has yielded to the force of medicine or of nature, no physician, who values his reputation and the life of his fellow-creatures, would oppose the practice here recommended. The means answering to the second indication would be the evacuation of the bowels, by enemata, or at most the occasional use of small doses of rhubarb and magnesia, or some other mild aperient, diaphoretics, the use of farinaceous vegetables, as arrow-root, sago, &c. with the addition of wine. Frequent change of linen and bedding, and an occasional anodyne to control restlessness and want of sleep are also strongly recommended.

(*To be continued.*)

ART. II. *A short Treatise on Operative Surgery, describing the principal operations as they are practised in England and France, designed for the use of students in operating on the dead body.* By CHARLES AVERILL, M. D. Surgeon, Cheltenham, Fellow of the Royal College of Surgeons, London. First American Edition, with additions by John Bell, M.D. Philadelphia, H. C. Carey and J. Lea ; Boston, Wells and Lilly.

OPERATIVE Surgery, like every other art purely mechanical, can be learned only by practice. Common-place as this remark may appear, it seems never to have been fully acted upon either in England or this country. In France, a course of lessons in practical surgery, in which each student performs upon the dead subject all the operations which the nature of the case allows, forms a part of the regular routine of a medical education. It is from this circumstance alone that the French surgeons have acquired such a high character for operative skill. We wish we could allow them equal praise for the soundness of their theoretical and practical opinions in surgical cases ; for their judgment in determining the period of operating, and for the previous as well as the subsequent treatment of the patient, as we can for their mechanical adroitness.

Without practice in dissecting, without dexterity in the management of the knife, the young surgeon proceeds to make the most simple incision with awkwardness and want of confidence ; but when the responsibility of an important operation rests upon him, the life of the patient, as well as the reputation of the operator, to say the least, are placed in great jeopardy. No considerable degree of skill can ever be acquired from books alone, or from witnessing the operations of others. It is in vain to tell a student to take up the posterior tibial artery by beginning an incision below and between the condyles of the femur, carrying it down four inches, cutting through the aponeurosis and gastrocnemius externus till he

comes to the internus, on the inner side of the outer head of which the artery may be found, with the nerve situated anteriorly and to its outer side, and the veinrather before it:—if he has never applied the knife to the parts on the dead body, handled them himself, and impressed their relative situation strongly on his mind, he commences with distrust, the blood obscures his view, "he loses sight of the inner side of the outer head of the gastrocnemius internus," and he knows neither how deep nor in what direction to look for the vessel: the impatience and struggles of the patient serve to complete his confusion: he either fails in the attempt, or makes a desperate plunge and includes artery, vein, and nerve within his ligature, or if successful, puts the feelings of the patient as well as his own on the rack, by a painful and procrastinated operation.

Mr. Averill's work will have a tendency to render occurrences of this nature less frequent, by placing within the reach of the student a valuable and convenient volume for the dissecting, or rather, operating room. His descriptions are clear and concise, and are occasionally illustrated by appropriate cases. The work may be considered as a collection of well written notes of M. Lisfranc's course of operative surgery, given at the hospital La Pitié at Paris, with which are mixed the improvements and variations of English surgeons; while the additions by the American Editor contain directions for performing several operations which were before omitted, together with frequent references to Dr. Physick's experience. In the original work will be found several new modes of operating invented by M. Lisfranc, which do great credit to his skill and ingenuity. We regret that our limits will not allow a more particular reference to them; we however cheerfully recommend the work to every student of surgery, and feel convinced that the experienced practitioner will find himself amply repaid for the time requisite to look it over.

ART. III. *New-York Medical and Physical Journal, No. X. for April, May, and June,* 1824. Edited by JOHN W. FRANCIS, M. D. &c. and JOHN B. BECK, M. D. &c. Bliss and White.

ALTHOUGH we do not approve of the ungenerous method resorted to by certain editors, who, pushed for want of matter, fill their pages with verbal criticisms and abortive attempts at wit, at the expense of writers in contemporary Journals, still, we shall not deny ourselves the privilege of laying before our readers, analytical notices of the most important papers which appear in the several Journals of our country. In order to do this to greater advantage, we shall confine our analyses to those papers only, which we may deem the most important, as regards the practical information they contain. We are gratified in being able to commence with a notice of one of the most respectable Journals in the country.

ARTICLE I. *An Historical Sketch of Neurology.* By Frederick G. King, M. D. of New-York.

The writer of this sketch, we understand, received his medical degree within the present year. In addition, therefore, to the labour requisite to the acquisition of the numerous and extensive branches of medical science, indispensable to graduation in our University, no small share of industry must have been exerted by the author, who has justly thought it necessary in the examination of this curious subject, not to rest satisfied with modern authorities, but "to ascend to the earliest records of our profession, in the language they first appeared in." Accordingly we find that, in order to do justice to his subject, he has minutely examined the numerous writings of, Hippocrates, Thessalius and Draco his sons, and Polybius his son-in-law; Plato, Aristotle, and Praxagoras, in the first period of his history: and in the second, Herophilus, Erasistratus, Galen, Rufus, Eusebius, Eudemus, Macrobius, Serapion, Philinus, Fallopius, and Aretæus of Cappadocia; The two remaining periods the author proposes to resume on some future occasion.

ART. II. *Observations on Bronchocele or Goitre.* By Alexander Coventry, M. D. President of the Medical Society of the State of New-York.

We are happy to perceive this worthy veteran in medicine is still engaged in recording the results of his long experience and close observation,

for the benefit of the profession. In the present paper he has given us some interesting observations on Bronchocele, as it has appeared in the valley of the Mohawk, from the year 1792 down to the present time. Dr. C. hazards the conjecture that in several cases, which he details, the disease arose from the impregnation of water by the sulphate of alumine, found on the surface of the schist when exposed to the air, and washed from thence into the stream by rains. In regard to the treatment, the learned author states that his daughters "were cured by wearing the muriate of soda round their necks," by which means he has cured several others. He has removed them likewise by mercurial plasters, by repeated blisters, and the use of the Saratoga waters, but in the end concludes that iodine will supersede the use of all other remedies.

ARTICLES III. & IV. contain an account of the yellow fever which appeared at the Island of Ascension in May 1823: the first by John Thompson, surgeon, the second by Sir Gilbert Blane. We are promised an analysis of these two papers for some future number, and in consequence shall notice them no farther at this time.

ART. V. *On the misapplication of Blisters.* By Thomas A. Duffy, M. D. of New-York.

The object of Dr. Duffy's paper seems to be to prove merely that thorough depletion is a "sine qua non" antecedent to the application of blisters.

ART. VI. *Cases of Amenorrhea successfully treated by Injections of Aqua Ammonia.* By John W. Gloninger, M. D. Pennsylvania.

In these two cases, all the ordinary emmenagogues were had recourse to without success. Dr. G. then availed himself of M. Lavagna's mode of treating this disease by the use of injections, per vaginum, of aqua ammonia and warm milk, in the proportion of ten drops of the former to an ounce of the latter, repeated four times a day. Both cases recovered.

ART. VII. *Observations and Facts concerning the Siren Lacertina of Georgia and Carolina.* By Samuel L. Mitchill, M. D. LL. D. Prof. of Mat. Med. &c.

This is another specimen of the indefatigable industry and talent with which this eminent naturalist continues to pursue his favourite study. We regret, that from its length, we are unable to do more than refer our readers to this interesting paper.

ART. VIII. *An Account of the Small-pox as it appeared in the city of New-York in the winter and spring of* 1823–4. By John Bell, M. D. one of the Physicians of the New-York Dispensary.

Dr. Bell observes that it is worthy of remark, that through the whole year past there has existed in the United States a predisposition to erup-

tive diseases. Measles, particularly, have been very prevalent, and uncommonly fatal. The small-pox attacked principally the poorer class of citizens, and was more prevalent in that part of the city to the east of Broadway and above Duane-street. The interval between ten and thirty appeared to be the age most liable to its attack, and the proportion of deaths was as one to five nearly.

It appears from this account, that by far the greater number of cases of small-pox in this city took place subsequently to vaccination, and amongst these no deaths took place.

In order to establish the identity of small-pox and the varioloid disease, Dr. Bell relates the following experiment.

"A quantity of lymph was taken on the point of a lancet from a patient suffering under the varioloid disease, on the third day of the eruption, and fifth of the disease, and inserted in the arm of a healthy child of seven years of age, who had neither been vaccinated nor inoculated previously. Three days after, the point where it was inserted became red and inflamed; a small pustule followed which contained a fluid on the eighth day. At this time the child sickened and was confined to its bed. The next day about thirty pustules appeared on the body and extremities. But five of these pustules maturated. The rest gradually disappeared, and were entirely gone by the time the others were scabbed over. This child was afterwards inoculated with the small-pox without taking the disease."

ART. IX. *Note on the Varioloid disease:* addressed to Dr. J. W. Francis, M. D. by W. J. Macneven, M. D. Prof. of Chem. &c.

There is an experiment related in this note which goes to confirm the ease we have quoted in the preceding article.

ART. X. *A Case of Hydrocephalus.* By J. Smyth Rogers, M. D. of New-York.

After inefficient attempts at venesection and the use of the ordinary purgatives, Dr. Rogers succeeded in this case in removing the disease by the administration of the oil of Croton, according to the following prescription;

Ol. Crotonis	gr. v.
Medullæ Panis q.s.	M. Ft. pil. x.

one of these to be taken every two hours till the bowels are freely evacuated. The quantity of croton oil was afterwards doubled.

This is the second case of successful treatment in hydrocephalus recorded by Dr. Rogers within the last six months. Now without intending to question the soundness or correctness of the author's judgment in the diagnosis of these cases, we think it proper to suggest to him, and more particularly to our readers, the propriety of instituting a close comparison between the symptoms as detailed by Dr. R. and those belonging to affections of the chylopoietic viscera. It is well known that these latter often assume hy-

drocephalic symptoms, which are, however, found to yield to a determined course of brisk purgatives. The following extract from Cheyne is in proof. "Cases must have occurred to every physician in extensive practice, of children, especially in the lower ranks of life, relieved by a short course of active purgative medicines, from a situation in which much of the expression and many of the symptoms of hydrocephalus were combined—*irregular fever, retching, headache, lethargy to a great extent*; symptoms evidently arising from a disordered state of the abdominal viscera." Cheyne's Essays, Vol. II. p. 41.

We are the rather induced to throw out this caution, because in genuine hydrocephalus we have seen the most powerful purgatives given without producing the least effect on the bowels, and this observation is consonant with the experience of Cheyne, and some of the first writers on the disease. We have now before us the details of a very interesting case, in the fourth volume of the Transactions of the College of Physicians in Ireland, (1824,) in which, during "an incipient affection of the head, threatening to end in hydrocephalus," a little patient lost fifty ounces of blood, took 120 grains of calomel, and had one ounce of mercurial ointment rubbed in, before the symptoms yielded. The patient recovered.

ART. XI. *On a New Form of the Galvanic Apparatus.* By Robert Greenhow, M. D. of New-York.

ART. XII. *Account of a Series of Galvanic Experiments on the dead body of John Johnson, murderer.* By F. G. King, M. D.

☞ *See Selections.*

Then follows a Review of Hosack's Essays, Medical and Philosophical Intelligence, &c.

Before concluding our notice of this valuable Journal, we cannot omit observing that it is enriched with three plates.

BIBLIOGRAPHICAL RECORD.

Essays on various Subjects of Medical Science. By David Hosack, M. D. F. R. S. L. & E. Professor of the Theory and Practice of Physic and Clinical Medicine in the University of the State of New-York, &c. Two volumes, pp. 380 and 472. New-York. 1824.

☞ *See Review Department.*

Elements of the Etiology and Philosophy of Epidemics. In two parts. By Joseph Mather Smith, M. D. Fellow of the College of Physicians and Surgeons of the State of New-York; of the Physico-Medical Society of New-York, &c. 8vo. pp. 223. New-York. 1824.

We shall take an early opportunity of acquainting our readers with the merits of this work, and shall therefore forbear expressing any opinion at the present time. It is evidently the result of considerable research and labour.

A System of Materia Medica and Pharmacy, &c. &c. By John Murray, M. D. From the fourth and last Edinburgh edition, with notes and additions. By John B. Beck, M. D. Fellow of the College of Physicians and Surgeons of the University of the State of New-York, and one of the Editors of the New-York Medical and Physical Journal. 1824.

It were superfluous to enter upon any encomiums of the work of Dr. Murray. The numerous editions it has gone through, both at home and in this country, sufficiently attest its high claims as a useful and popular book. Dr. Beck has made some very important and valuable additions, chiefly of our native remedies, or of such as have been more particularly used in American practice. Among these, we may notice the Eupatorium perfoliatum, Statice limonium, the Juglans cinerea, the Croton tiglium, the Polygala senega, Secale cornutum, gold, &c. There is also a chapter of additional observations on the operation of medicines, in which the exclusive views of the solidists, and especially the arguments of Dr Chapman, are ably, and, as it appears to us, unanswerably refuted.

A Practical Essay on Typhous Fever. By Nathan Smith, M. D. Professor of the Theory and Practice of Physic and Surgery in Yale College. 8vo. pp. 88. New-York. 1824.

This little work contains the result of the respectable author's ample experience in relation to typhus, as it has appeared in the New-England states, during the last thirty-five years. In our next number we shall, perhaps, make it the subject of especial consideration.

A Summary of Physiology. By F. Majendie, Doctor of Medicine. Translated from the French by John Revere, M. D. Second edit. Baltimore.

In this edition many errors are corrected, which unavoidably crept into the first, and an appendix is added to the work by Dr. Revere.

Observations on the Surgical Anatomy of the Head and Neck, &c. By Allan Burns. First American edition, with a Life of the Author, and additional Cases and Observations. By Granville Sharpe Pattison, Surgeon, Professor of Surgery in the University of Maryland. 8vo. pp. 512. Baltimore.

Dr. P. intends to pursue the plan contemplated by Burns of forming a complete system of surgical anatomy, but which the latter distinguished gentleman did not live to carry into effect. He will publish a volume annually till the plan is accomplished.

The Institutes and Practice of Surgery; being the outlines of a Course of Lectures. By William Gibson, M. D. Professor of Surgery in the University of Pennsylvania, &c. Vol. I. 8vo. pp. 459. Philadelphia.

This is the first volume of an elementary work intended to be continued by Dr. G. We shall give an account of it in some future number.

SELECTIONS.

Notice of some Experiments performed on the body of John Johnson, who was hung on the 2nd April, for the murder of James Murray. By a Committee of the College of Physicians aud Surgeons of New-York, consisting of Professors Mott and Macneven, Doctor A. H. Stevens, &c.

THE deceased was a stout, athletic man, about 45 years of age. He was suffered to drop about four feet; was suspended about forty-five minutes, and remained in his coffin, with a muslin dress over his wearing apparel, for half an hour. Afterwards he lay fifteen minutes, between buffalo skins, making in all one hour and a half between his execution and his arrival at the College.

The temperature of the air at the time was about 60° Fahrenheit. At the commencement of the experiments, the extremities were three or four degrees below the natural standard; the body not at all so. The muscles were perfectly flexible.

The neck was not dislocated. The face and neck above the marks of the cord, were livid. The expression of the face in other respects natural.

The galvanic battery consisted of the plates of Professor Griscom, Dr. Smyth Rogers, and Dr. Greenhow, added to those of Professor Macneven, in all 328 pairs of four inches square, set in action by dilute nitric and sulphuric acids; the poles being provided with leaden wires, armed with platina wires at their extremities.

EXPERIMENT I. The surgeon made incisions under the tendo achillis of either side; armed the tendons with tinfoil, and connected them with copper wires, to which the wire of the negative pole of the battery was applied; the positive pole attached to a ball, being introduced into the mouth. The jaws were instantly closed, and convulsive movements of the whole body immediately followed. They were not like the shakings of ague, nor the tremblings of fear, but rather like a succession of startings from surprise: the sight made the spectators shudder.

II. By an incision behind the sterno-cleido-mastoideus* muscle, Dr. Stevens now laid bare the phrenic nerve of the left side, as it passes over the scalenus muscle, and introduced a blunt probe under it, while Dr. Mott

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* The phrenic nerve is much more accessible in this way, than on the inside of the muscle, as proposed by Dr. Ure.

made an opening in the chest, under the cartilage of the seventh rib, with a view to push a metallic plate against some of the branches of the phrenic nerve going to the diaphragm. Some slight respiratory movements followed; but by no means so marked as those described by Dr. Ure. The result which followed another experiment, amply compensated for this partial success.

III. One of the supra-orbitary, and one of the infra-orbitary nerves were now exposed; armed and connected with the positive pole, while the negative pole communicated with the wire, connecting the tendons at the heel, as in experiment I. The countenance was at first distorted; it afterwards assumed a more natural play of expression, varying at each successive application of galvanic influence. The motion of the lips reminded several of the spectators of their expression during life. In this experiment, the wire connected with the negative pole lay on the right arm, near the insertion of the deltoid muscle, and caused considerable motion in the fore arm and fingers.

IV. Communication being established between the branchial plexus and the radial nerves at the wrist, and between the former and the ulnar nerves, the arm was contracted by a sudden spasmodic action, and the hand grasped firmly the hand of a person who held it: by changing the position of the arm it was thrown across the table in different directions.

V. The two radial nerves at the wrist being connected, the one with the positive, the other with the negative pole, both arms and hands were much contracted, and the deltoid and pectoralis major were much swollen.

VI. In this experiment the positive pole was applied to the spinal marrow, by means of a metallic instrument plunged in between the cervical vertebræ; the negative to the heels as in experiment 1st. The results produced by this arrangement were not so striking as those described in experiment 1st. Had this experiment been made at an earlier period, while the sensibility was undiminished, the effects would probably have been more marked.

VII. The anterior crural nerves being now laid bare, as they come out from beneath Poupart's ligament, were touched with the positive pole; the negative being applied as in experiment 1st. The legs were thrown into strong agitations, and when previously flexed, were violently and suddenly extended, performing the operation of kicking.

[At the suggestion of Professor Griscom, the course of experiments prepared by the committee was varied, and the wire of one pole applied to the spinal as in experiment 6th, and the other to a catheter introduced into the urethra. No particular effect was observed.]

VIII. In this experiment the positive pole was applied to the great sympathetic nerve and the par vagum in the neck, and the negative was brought into contact with the branches of these nerves going to the heart. The right auricle contracted distinctly; and slight tremulous motions were ob-

served in the ventricles produced by partial contractions of their muscular fibres.*

IX. The thorax being now open and the heart exposed to view, experiment 5th was repeated, (connecting the radial nerves,) and the results of experiment 8th were observed, but much more distinctly: the contractions of the right auricle were very evident to all who stood near. Similar results were obtained by applying the pole to the ulnar nerves in place of the radial.

X. Communications between the par vagum in the neck and the left phrenic, that runs on the pericardium, partial contractions of the heart were observed, but much less distinct than in the two preceding experiments.

In varying several of the last experiments, by connecting the positive poles with the nerves, and passing the negative over the last fifty plates of the battery, the results seemed to be much more striking, particularly when we consider that the organic sensibility had by this time been much exhausted.†

The lacteals were observed, upon inspecting the intestines to be beautifully injected; and part of the intestines with their mesentery were detached and passed round the room, so that many saw that which we rarely have an opportunity of observing, the lacteals of a human subject distended with chyle.‡

ONE OF THE SPECTATORS.

We abstract the following very interesting article from the London Medical and Physical Journal for May 1824:

Hyalonyxis.—This term is derived from υαλος, *glass*, and νυσσω, *I pierce;* and is applied by Dr. John Brewer to a new operation proposed by him for the removal of every species and variety of cataract. Dr. B. states, in his work on this subject, that he has performed this operation upwards of one hundred and sixty times during the last four years of his residence in Italy. He also assures us, that thirty of thirty-one patients have been restored to sight by this mode of operating. Inflammation is of rare occurrence, provided proper precautions are used.

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* The right auricle was found distended with blood; the right ventricle comparatively flaccid, supposing that the valves which prevented the return of the blood into the former might not be competent to their functions from the emptiness of the ventricle, Dr. Stevens pressed with his hand the blood from this auricle; it was after this that the ventricle was supposed to contract, but I could not satisfy myself of the fact.

† The experiments occupied from an hour to an hour and a half.

‡ This agrees with the report of his having made a hearty breakfast a few hours before his execution.

The operation is thus performed, three or four hours previous to which the patient's eyebrows should be rubbed with some of the extract of belladonna, rendered soft by the addition of a little boiling water:

"The patient being seated, so that the superior part of the head does not reach higher than the superior part of the sternum of the operator, he takes his needles, previously besmeared with oil, as a pencil or writing-pen, placing the weight of his hand on the cheek of the patient: this produces two very considerable advantages; first, it steadies the hand; second, in the event of the patient's moving, the hand preserves its relative position with respect to the eye, so that any movement of the patient's head can be of no importance to the surgeon. The patient being directed to turn the eye towards the nose, the needle, with its convex surface* forwards, corresponding with the iris, is boldly introduced into the globe of the eye, through the sclerotic, three lines or three and a half from the transparent cornea, and a line below the transverse diameter of the pupil, to avoid wounding the ciliary artery, which pursues its course to the iris between the sclerotic and choroid coats, along the middle of the external convexity of the eyeball. If introduced at or below this point, you avoid all effusion of blood. The instrument passes into the vitreous humour posterior to the lens and its capsules: the point of the needle is then brought forwards, from inclining the hand to the temple, and penetrates the posterior capsule.

"Should the lens be soft or fluid, the needle passes through its centre on its passage to the anterior chamber; if solid, the instrument should be directed to its superior part, and by gently elevating the handle, the lens will be sufficiently depressed to allow the instrument to pass between it and the ciliary processes; it is then carried through the anterior capsule and pupil, (which latter has been previously dilated with the belladonna,) into the anterior chamber, without any risk or danger of wounding either ciliary ligament, iris, or ciliary processes. The object the operator has in view is the laceration and removal of a large portion of the anterior capsule, that is to say, of greater extent and diameter than the pupil, in its natural, most dilated state. This is effected by three or four circular movements of the point of the needle, which should invariably be done. If the capsule be transparent, the inexperienced operator will scarcely be sensible of effecting any good or change by this circular movement of the needle.

"The correspondence in transparency and colour to the aqueous humour is so similar, and the former so delicate, that no resistance to the needle is visible to the fingers, when the point is breaking down, and removing from the axis of vision the membrane, so frequently the cause of secondary cata-

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* To avoid still more the wounding of the ciliary nerve or artery, the needle may be introduced with its cutting edge corresponding with the iris; and after having entered the eye, to be turned round with its convex surface forwards, and continued as we have before described.

ract. When the capsule is opaque, the effects of the needle are of course evident: the transparent or opaque portions should be conducted backwards and downwards with the lens, and buried in the vitreous humour, below the margin of the iris, and as much as possible removed from the pupil; or retiring and withdrawing your instrument, a circular movement is similarly made with the point, for the purpose of removing every portion of the posterior capsule, which is also liable to opacity; so that a communication is completely established between the aqueous and vitreous humours. The anterior capsule, lens, and posterior capsule, are now removed; so that the utter and total impossibility of secondary membranous cataract forming, must be evident.

"Such is the operation for a solid cataract enveloped by its capsule; but the lens we meet with, at least seven in ten cases, is either fluid, semisolid, or curdy. When the instrument, therefore, penetrates the anterior capsule, and the operator commences his delicate circular movement, the aqueous humour becomes cloudy or discoloured, which is the passage of parts of the diseased lens into the anterior chamber, where its absorption is more rapid than in the vitreous humour.

"The views of the operator are the same: instead of quickly finishing the operation, the solid particles of the lens should be removed by several movements of the needle as much as possible from the axis of vision, either by depressing them into the vitreous humour, or bringing them into the anterior chamber. The free movements of the needle, and removal of the capsules into the aqueous or vitreous humours, as we have above described, ensure the success of the operation.

"The great desideratum in the fluid cataract is the laceration and removal of the capsules from the axis of vision; for in all cases where a free communication is once established between the aqueous and vitreous humours, absorption goes on, and your cure is almost certain.

"We have now described the removal of the lens in two different states: there only remain some observations on the third.

"I have occasionally met with the lens united firmly to both capsules, forming as it were only one body. These cataracts, from their size and appearance, are easily distinguished from what Scarpa very properly termed pumary membranous cataract, which is the wasting of the crystaline without its capsule, which appears contracted and more opaque in its centre than common cataracts. The most correct account, however, we have of this variety, is from the late Mr. Saunders of London, published by his friend and colleague, Dr. Farre, an eminent physician. These cataracts are for the most part congenital; and although Scarpa represents them as rare, are not uncommonly met with in children. When the lens in these cases is absorbed, the anterior lamella of the capsule unites itself to the posterior, until they form one membrane, which is white, opaque, and elastic: this membrane is absorbed after puncture with the needle and partial

laceration. A most interesting account is given by Mr. Saunders, with their removal in children."

On the employment of Oil of Turpentine in Sciatic and other Neuralgiæ.—M. L. Martinet relates that of thirty-six individuals labouring under acute as well as chronic neuralgia, twenty-six were completely cured, seven experienced considerable relief, and in three only, one of whom was affected with a mortal hip disease, did the treatment by the oil of turpentine fail. The use of the remedy produced but trifling inconvenience, and the common duration of the treatment was only six days.—(*Revue Med.*) *London Med. Repository.*

Successful employment of Iodine in Schirrus of the Uterus. By Dr. Klaproth.—This occurred in the case of a female, aged twenty-five years. In infancy she had suffered from scrofula, but at the age of puberty she was freed from the complaint. Her menstruation was regular till seventeen, when she became pregnant. Delivery was difficult, the forceps being required to accomplish it. At twenty-two she miscarried; and four months afterwards the same thing happened. The menses ceased—leucorrhœa supervened. Two years after, pains in the groin and heat in the sexual parts came on. On examination, the nature of the disease was discovered. The tincture of iodine was given, eight drops thrice a day, and externally, frictions with an ointment composed of digitalis, belladonna, and hyosciamus. After some months, in which the event was doubtful, she was cured.—*Anderson's Quarterly Journal.*

MISCELLANIES.

Bill of Mortality of the City of New-York for the month of June.

Diseases.—Apoplexy, 7; asthma, 1; burned, 1; casualty, 4; childbed, 8; colic, 1; consumption, 56; convulsions, 14; croup, 9; diarrhœa, 1; drinking cold water, 1; dropsy, 7; do. in the chest, 6; do. in the head, 21; drowned, 7; epilepsy, 1; erysipelas, 1; fever, 1; do. bilious remittent, 1; do. typhous, 4; flux infantile, 3; gout, 1; hæmoptysis, 1; infanticide, 1; inflammation of the liver, 2; do. of the chest, 8; do. of the bowels, 9; do. of the brain, 7; insanity, 3; intemperance, 7; measles, 8; old age, 3; nervous disease, (?) 2; palsy, 1; peripneumony, 3; pleurisy, 1; pneumonia typhodes, 2; rheumatism, 1; scrofula, 1; quinsy, 1; small-pox, 34; sore throat, 1; still-born, 27; suicide, 2; tabes mesenteria, 8; teething, 1; tumor, 1; ulcer, 1; unknown, 5: whooping cough, 4. Total, 309.

The preceding is copied from the city inspector's weekly returns: for their strict accuracy we are not of course responsible. It was our intention to have offered some remarks in this place on the manner in which the reports are drawn up, but they are unavoidably crowded out. Our account of diseases and treatment is for the same reason postponed till our next number.

The following appointments have been made in the newly established Medical School at Charleston, (S. C.)

J. M. Campbell, M. D. Professor of Anatomy.

James Ramsay, M. D. Professor of Surgery.

S. D. Dickson, M. D. Professor of the Institutes and Practice of Medicine.

H. R. Frost, M. D. Professor of Materia Medica.

Thomas G. Prioleau, Professor of Obstetrics, &c.

Edward Ravenal, M. D. Professor of Chemistry and Pharmacy.

S. Elliot, Professor of Natural History and Botany.

At the anniversary meeting of the Medical Society for the city and county of New-York, held on the 6th inst. at the College of Physicians and Surgeons in Barclay-street, the following gentlemen were elected officers for the ensuing year:

DAVID HOSACK, M. D. *President.*
JOHN WATTS, M. D. *Vice President.*
FELIX PASCALIS, M. D. *Corresponding Secretary.*
NICOLL H. DERING, M. D. *Recording do.*
DAVID ROGERS, *Treasurer.*

JOHN STEARNS, M. D.
JOHN C. CHEESMAN, M. D.
JOHN B. BECK, M. D.
DR. PETER C. TAPPEN,
SAMUEL W. MOORE, M. D.
} *Censors.*

JOHN B. BECK, M. D.
DR. ELDRIDGE DUNNEL.
JOHN W. FRANCIS, M. D.
SAMUEL W. MOORE, M. D.
JOHN STEARNS, M. D.
} *Lecturers.*

JAMES R. MANLEY, M. D. *Delegate to Albany.*

At an adjourned meeting of the Medical Society held on the 12th inst. Dr. Hosack, before taking the chair, delivered an excellent discourse on the means of improving the state of the medical profession in this city. This discourse we are happy to add will be printed by the Society. We hope to present our readers with an account of it in our next number.